

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Report to the Governor's Subcabinet on Health Care

June 28, 2002

Participating Agencies/Programs:

Board of Health

Department of Corrections

Department of Health

Department of Labor & Industries

Department of Veteran Affairs

Health Care Authority

Medical Assistance Administration

Office of the Insurance Commissioner

Uniform Medical Plan

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Mission Statement:

In support of Governor Locke's Subcabinet on Health Care, the Agency Medical Directors (AMD) group will collaborate across state agencies to identify and assess new opportunities to improve quality, enhance access and promote the cost-effective purchase of health care services in the state's medical care financing and delivery system.

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Goals

What is government's proper role in improving quality in health care?

- Identify the very best of the current quality initiatives and build on them
- Develop a relatively short set of priority quality goals that could be accomplished in the short term (within 18 months), and within current resources

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

16 Potential Areas of Quality Improvement

Systematic Scoring Across
Five Key Dimensions
of Potential Impact

{
Cost savings
Access
Improving health outcomes
Customer service
Provider burden



Six Priority Areas

- + Prescription Drug Project
- + HIPAA

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Increase the availability of Clinical Preventive Services, particularly for children.

Work Group: Maxine Hayes, Lead, Alfie Alvarado, Nancy Anderson, Patti Rathbun, Jeff Thompson

Question relative to potential solutions: Are there efficiencies, incentives, or accountability mechanisms available to state agencies that would enhance the availability of these services to the appropriate populations?

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Increase the availability of Clinical Preventive Services, particularly for children.

What could be accomplished in 18 months?

- Define minimum set across existing measures
- Review current requirements (contract, etc.)
- Suggest minimum set across all payers
- Evaluate extent of current minimum set use in MAA & PEBB

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Conduct substantial interagency **Demand Improvement (DI)** activities to assist value-based purchasing.

Work Group: Maggie Baker, Lead, Carolyn Coyne, Bob Mootz, Fred Navarro, Don Sloma

Question relative to potential solutions: Are there communications or point-of-service methods that the state could use in the market to help health care consumers choose services with value, proven effectiveness, and positive outcomes?

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Conduct substantial interagency **Demand Improvement (DI)** activities to assist value-based purchasing.

What could be accomplished within 18 months?

- Using the Antibiotic Resistance program (DOH) as a public/private model, expand activities to other health-related agencies
- Evaluate most efficient, “best practice” demand improvement methods
- Develop process guidelines for implementation of DI activities

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Develop a substantial interagency Health Technology Assessment capability parallel to the Interagency Prescription Drug effort.

Work Group: Gary Franklin, Lead, Lee Glass, Bless Mamerto, Jeff Thompson, Grace Wang

Question relative to potential solutions: Could there be a more systematic or centralized method for determining the best available evidence regarding efficacy/value of an emerging or existing new technology [e.g., devices, durable medical equipment, procedures, (e.g., experimental and investigational)]?

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Develop a substantial interagency Health Technology Assessment capability parallel to the interagency Prescription Drug effort.

What could be accomplished within 18 months?

- Establish interagency technology assessment team
- Review existing TA methods at all agencies
- Assess feasibility of implementing a standard interagency assessment process

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Use existing data systems to **Track Key Health Outcomes** across agencies.

Work Group: Beth Anderson, Lead, Gary Franklin, Bill Hagens, Linda Murphy, Patti Rathbun, Mary Uyeda

Question relative to potential solutions: Are there systematic ways to use *current* data systems and resources to track key health outcomes and apply the findings to enhance quality of care?

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Use existing data systems to Track Key Health Outcomes across agencies.

What could be accomplished within 18 months?

- Identify and prioritize potential target outcomes (e.g., morbidity, mortality, sentinel events)
- Develop measurable indicators from existing data sources
- Develop tracking process for key target outcomes

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Assess the effect of the state's 10 year implementation effort, using the Resource Based Relative Value Scale (RBRVS) – Reimbursement Method on access and quality of care.

Work Group: Jeff Thompson, Lead, Beth Anderson, Lee Glass, Bill Hagens, Bob Mootz, Linda Murphy, Don Sloma

Question relative to potential solutions: What has been the impact of reimbursement methods on access, quality, health labor availability, and the viability of private and academic health institutions?

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Assess the effect of the state's 10 year implementation effort, using the Resource Based Relative Value Scale (RBRVS) – Reimbursement Method on access and quality of care.

What could be accomplished within 18 months?

- Develop conceptual framework for impact analysis, including preliminary literature review
- Develop scope of work for comprehensive assessment of impact
- Joint agency RFP for systematic review

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Improve Disease State Management for targeted conditions, with a specific aim at secondary and tertiary prevention.

Work Group: Nancy Anderson, Lead, Alfie Alvarado, Fred Navarro, Don Sloma

Question relative to potential solutions: Are there systematic, cost-effective methods for improving the delivery of care to persons with more complex or chronic health conditions, particularly methods likely to reduce or prevent impairment and disability?

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Priority: Improve Disease State Management (DM) for targeted conditions, with a specific aim at secondary and tertiary prevention.

What could be accomplished within 18 months?

- Conduct literature review of most promising DM techniques likely to have greatest added value and beneficial outcomes
- Refine definition of Disease State Management
- Review evaluation components of significant current disease state management initiatives, including desirable health outcomes (MAA – 3 conditions; DLI – OHS Project; MAA/DASA-SSI Cost Offset Pilot Project; MAA/HCA-contracted health plan DM activities; DOC-Hep C program.

Agency Medical Directors (AMD) Recommended Priorities for Quality Health Care

Request to Subcabinet: The AMD requests the authority to move forward on package of **Six Priorities**, beginning 7/01/02.

Other Milestones:

Semiannual Progress Reports to Subcabinet:

Fall 2002 – focus on early “quick wins”,
resource use report

April 2003

Fall 2003 - Longer term (> 18 mos.)
resource, policy recommendations